

## **Excellent Mental Health Care is Delivered and Research is Accelerated**

### **A White Paper by the North Dakota Mental Health Planning Council**

**October 20, 2006**

#### **Preface**

A mental health planning and advisory council exists in every State and U.S. Territory as a result of federal law first enacted in 1986. The law requires States and Territories to perform mental health planning in order to receive federal Mental Health Block Grant funds. Stakeholders, including mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in these planning efforts through membership on the council.

States are required to submit yearly applications to receive federal block grant funds. The Mental Health Block Grant program is administered by the Center for Mental Health Services (CMHS), which is an agency of the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of block grant planning, in general, is to support the State creation and expansion of comprehensive, community-based systems of care for adults with serious mental illness and children with serious emotional disturbance. The goal of the Mental Health Block Grant program is to help individuals with serious mental illnesses lead independent and productive lives. The block grant program has served as an impetus in promoting and encouraging States to reduce the number of people receiving care in State psychiatric hospitals and to develop community-based systems of care.

In North Dakota, this group is called the Mental Health Planning Council (The Council). The Council consists of 27 members who are appointed by the Governor along with two ex officio members. Membership includes: representatives of the principle State agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services; public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services; adults with serious mental illnesses who are receiving (or have received) mental health services (consumers); and the families of such adults or families of children with emotional disturbances.

A diverse membership brings vast strengths and varying perspectives to The Council. There is a shared knowledge of individual and general consumer situations, Medicaid, service delivery systems, reimbursement issues, housing and community development, legal issues, and community resources. Points of

view are presented from consumers of mental health services, family members, advocates, referral sources, schools, institutional and community-based service providers, the general disability community, and the criminal justice system. A majority of the membership has direct experience with issues concerning recovery, peer mentoring, service delivery, children's issues, and/or advocacy for mental health.

## **Introduction**

The Council's current strategic plan is based on a federal report published in July 2003. Titled *Achieving the Promise: Transforming Mental Health Care in America*, the publication was written by the President's New Freedom Commission on Mental Health. The Commission was charged with studying the mental health service delivery system and to make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities.

The Commission's study resulted in six goals: 1) Americans understand that mental health is essential to overall health; 2) mental health care is consumer and family driven; 3) disparities in mental health services are eliminated; 4) early mental health screening, assessment, and referral to services are common practice; 5) excellent mental health care is delivered and research is accelerated; 6) technology is used to access mental health care and information.

Goal five of the Commission's report, also a goal of The Council's strategic plan, is that excellent mental health care is delivered and research is accelerated. The Council decided to write a white paper on this topic in order to provide its perspective on the existing service delivery system, related problems and concerns, as well as to offer solutions for policymakers and other stakeholders.

## **Perspectives on North Dakota's System for Mental Health Care**

The "mental health care system" is a collective term referring to an array of programs for adults with mental illnesses and children with emotional disturbance. These programs are embedded in the Department of Human Services, schools, the juvenile and criminal justice systems, agencies that serve the homeless, disability services, and many others. They are in the public and the private sectors. Programs may provide treatment, services, and other supports directly or they may purchase these on behalf of the individual and/or family.

The mental health delivery system in North Dakota has a number of strengths. The state is relatively small in population and its provider population is small as well. North Dakota's mental health professionals know one another; they are collegial and supportive. People care about each other and want to help. Still, North Dakota is large geographically and needed services are not readily

available in some areas. There are children who are sent out of state, or hundreds of miles away within the state, to receive services.

The Department of Human Services provides mental health services directly through the eight regional human service centers and the North Dakota State Hospital. The regional human service centers serve consumers in the community through an array of services including: crisis stabilization and resolution; inpatient services; psychiatric/medical management; partial care/day treatment; social services; residential services and supports; vocational and educational services and supported employment; and social and leisure activities.

The North Dakota State Hospital provides care to individuals with mental illness and/or substance abuse issues consisting of physical, medical, psychological, rehabilitative, social, recreational, and spiritual services.

As stated in the Block Grant application, the Division of Mental Health and Substance Abuse Services meets quarterly with each Human Service Center's program staff to plan and implement community-based mental health services statewide. It is further noted that the Human Service Centers regularly meet with regional stakeholders in addition to region-specific planning meetings that are held in every region throughout the year.<sup>1</sup> Discussion amongst consumers and family members indicate that there needs to be more focus on increasing the involvement of more consumers and family members in such activities.

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. North Dakota has embraced this movement and sent a team of eight, who received train-the-trainer education from the Recovery Institute on mental health recovery. This team consisted of staff members from two human service centers, the North Dakota State Hospital, and one consumer. Trainers will provide education to all case managers in North Dakota, direct care staff at the state hospital, and consumers throughout the state.

Each of the eight human service centers provides for the operation of a psychosocial rehabilitation center that serves individuals with mental illnesses. The centers provide a minimum of forty hours of programming, including evening and weekend activities, seven days a week. Consumers who participate in center activities report that the programs are supportive, inclusive, and recovery-oriented. There are no such centers in the more rural communities.

The Council believes that the mental health consumer network in North Dakota needs strengthening. Over the years, the effectiveness and productivity of the

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<sup>1</sup> ND FFY 2006 CMHS MH Block Grant Application

consumer movement has fluctuated for a variety of reasons. A consistent, adequate funding source is needed to sustain its leadership and viability.

As stated in the 2007 Community Mental Health Services Block Grant application, “The mission of the North Dakota Department of Human Services is to provide quality, efficient and effective human services that improve the lives of people.” We have also adopted our Federal partner’s vision of “A life in the community for everyone.”

North Dakota understands that it faces several challenges that result in services not keeping pace with the demand. The Division of Mental Health and Substance Abuse Services envisions a service system of the future where consumers have greater access to services, have more services to choose from and receive increased effectiveness of those services. Through continued work with our partners, the implementation of new evidence-based and best practices, and continued evaluation and refinement of the system of care, North Dakota will transform the mental health system to ensure a life in the community for everyone. The Division is planning to implement SAMHSA’s model of Supported Employment at West Central Human Service Center. The Division will continue to work with the regional human services centers and Vocational Rehabilitation to enhance when possible employment services for consumers statewide.

In May of 2006, a team from Southeast Human Service Center traveled to Ohio to receive training from the Ohio Substance Abuse/Mental Illness Coordinating Center of Excellence concerning implementation of Integrated Dual Disorders Treatment. With the assistance of SAMI, the Southeast Human Service Center team has rapidly prepared for the program with the official kickoff for the project occurring tomorrow. An evaluation component has been built into this pilot project. With favorable outcomes, IDDT will be rolled out to other human service centers.

The Council is supportive of this direction and looks forward to improved services for consumers and their families. To properly implement this and other evidence-based, best practices, and promising practices the mental health system of care will need adequate funding so that the quality of mental health services is excellent for all citizens of North Dakota.

### **Excellent Mental Health Care is Delivered and Research is Accelerated**

The Council believes that in order to deliver excellent mental health care that is effective and useful the length of time for research to reach the field must be expedited. Members of the President’s New Freedom Commission called for aggressive steps to publicize evidence-based practices, train providers to use them, and make them available to those who could benefit from them. The Commission also encouraged the use of emerging best practices, which are promising but have less thorough documentation of their efficacy.

Currently, SAMHSA recognizes six strategies as evidence-based: supported employment, integrated treatment for co-occurring disorders, Assertive Community Treatment (ACT), illness management and recovery, medication management, and family psychoeducation.

The Council believes that when research that supports service delivery is based on old data, the outcomes are not useful in making timely decisions. They support evidence-based practices that are evaluated and that promote recovery. Some states are moving to integrate requirements for evidence-based practices into their arrangements with providers. The Council believes moving toward legislatively-mandated evidence-based practices would not be in the best interest of a consumer- and family-driven system where individualized planning is vital to recovery.

In order for excellent mental health care to be delivered methods should be reviewed and changed if they are not effective. Other methods such as promising and best practices should be looked at as well. In a small state such as North Dakota some of programs that are developed in large metropolitan areas do not fit the needs of our citizens.

Lack of adequate funding puts pressure on providers to look at better ways of providing services. The Council believes that providers need to get better at coordinating services so there is continuity of care. Services should be provided in a seamless manner throughout an individual's life. The entire system must be consumer-driven and family friendly. Communication is key to success of a mental health system. The Council emphasized the importance of maximizing natural supports (where appropriate) in service delivery that gives strength to the family and consumer driven philosophy that is inherent throughout the systems. In order for consumers and family members to be involved in their plan of care shared knowledge and provision of training must be incorporated.

### **Goal Statement**

The following areas have been identified as current priorities under The Council's Goal, "Excellent Mental Health Care is Delivered and Research is Accelerated."

#### **1. How the North Dakota Mental Health Care System is Currently Delivered and How it Supports the Acceleration of Research.**

- a. The mental health system is often times driven by the funding available rather than by need. Data collection is driven by where the funding comes from and is responsive to mandated information leading to policies and laws that affect practice and implementation. The data available in North Dakota is fragmented and does not capture the entire mental health system (a challenge exists capturing private provider information.)

- b. Mental health service delivery is concentrated in urban areas while rural communities lack adequate supports due in part to a shortage of professionals and resources.
- c. Evidence-based and research-based emerging practices need to be expanded and outcomes utilized to evaluate effectiveness.

## 2. Strengths of the North Dakota Mental Health Delivery System and Strengths of an Accelerated Research Effort.

- a. The North Dakota mental health delivery system has experienced a number of positive steps. Specifically, the wrap-around process has been viewed as a strength for the children's system of care. Others mentioned include the medical assistance program accessed through drug companies; increased funding for services; a marked improvement in the collaboration of divisions; increased housing options; in-service trainings for professionals, family members and consumers; psychosocial centers that promote peer support and caring professionals who deliver quality services.
- b. An accelerated research effort identifies needs of the individuals utilizing the mental health system that in turn drives funding mechanisms for improved services. This research ensures that individual needs are met sooner. In North Dakota it is recognized that research shows that early intervention reduces long-term debilitation.

## 3. What the North Dakota Mental Health System Needs to Accomplish Excellent Mental Health Care and Accelerate Research.

- a. Adequate funding for service delivery enhancements is needed in North Dakota.
- b. Independent life skills training, such as occupational therapy, is needed on site for consumers of all ages and needs.
- c. Supportive service enhancements for times when the individual is not seeing a professional.
- d. Transportation, especially evenings and weekends and for recreational/leisure activities.
- e. Decreased caseloads for professionals so that individual goals can be developed and evaluated.
- f. Greater communication with families.
- g. Well-trained staff that can identify changes in client behavior and utilize earlier interventions.
- h. Public education.
- i. Dissemination of information (public education).
- j. A holistic approach in service delivery so that overall health, including mental health is promoted.

## **Recommendations**

The following areas have been identified by the North Dakota Mental Health Planning Council as desired results.

### **1. Planning Council Effectiveness**

- a. The Planning Council can utilize the information to perform the mandated duties to monitor, review and evaluate the adequacies of mental health services in the state. Talking points summaries should be developed so the Council members are communicating in a unified voice. This is essential when advocating for systems changes with policy makers.
- b. The Planning Council can also utilize the information from the Consumer Satisfaction Surveys, which are completed on an annual basis by the 8 regional human service centers.

### **2. Communication Tool**

- a. The white paper should be included in an annual report to the Governor outlining activities and priorities of the Council.
- b. Legislators should receive copies of the report so they can make informed decisions on policy changes. (i.e. Policy makers should be aware of caseload standards, a review of the compensation package for state professionals and how that impacts the shortages of those positions in the state.)

The following resources are needed to promote those results indicated in the previous section.

### **1. Communication Plan (Public Relations)**

- a. The report should be utilized to ensure excellent mental health care is delivered and research is accelerated.

### **2. Mental Health Planning Council Staff Support**

- b. An administrative support person is needed to assist the Council with administrative duties to enable them to carry out their duties effectively. A Planning Council quarterly budget report is requested so that members can provide feedback into expenditures. It is further recommended that the Planning Council develop a website similar to the Department of Public Instruction that links it to the Department of Human Services.

### **3. Planning Council Training**

- a. Planning Council members requested technical assistance from NAMHPAC in specific areas of planning council structure and increasing member participation.

### North Dakota Mental Health Planning Council Members

JoAnne Hoesel	Mental Health	DHS, Division of MH and SA
Yvonne Smith	Vocational Rehabilitation	DHS, Disability Services Division
Ken Sorenson	Criminal Justice	Attorney's General's Office
Drinda Olsen	Education	Dept. of Public Instruction
VACANT	Housing	Div. of Community Services
Ken Gerhardt	Social Services	Morton County Social Services
Maggie Anderson	Medicaid	DHS, Medical Services Division
Cheryl Kulas	Minority	Indian Affairs Commission
Karen Quick	Aging Services	DHS, Aging Services Division
Susan Helgeland	Advocate	Mental Health Association in ND
Teresa Larsen	Advocate	Protection & Advocacy Project
Carlotta McCleary	Advocate	Federation of Families
Minerva Zimmerman	Advocate	Dickinson Alliance for the Mentally Ill
Jennifer Bitz	Consumer	
Petra Clemens	Consumer	
Debra Sederquest	Consumer	
Randy Solem	Consumer	
Debra Johnson	Family Member	
Diane M. Kleven	Family Member	
Becky Severt	Family Member	
Sheri McMahon	Family Member	
Cathy Quintaine	Family Member	
Sen. Richard Brown	Legislator	
Carl Rodlund	General Public	
VACANT	General Public	

#### Non-voting, ex officio members

Alex Schweitzer	Institutions	DHS, State Hospital/Developmental
Cntr		
Marilyn Rudolph	Human Service Centers	DHS, NWHSC

#### Staff

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